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Bib Data Sheet

CONFIRMATION NO. 1808

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|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|
| <b>SERIAL NUMBER</b><br>10/534,904 | <b>FILING OR 371(c) DATE</b><br>09/26/2005<br><b>RULE</b> | <b>CLASS</b><br>174 | <b>GROUP ART UNIT</b><br>2831 | <b>ATTORNEY DOCKET NO.</b><br>1031-26 |
|------------------------------------|---|---------------------|-------------------------------|---------------------------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/GB03/05420 12/11/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 02292183 12/13/2002

LGB

**\*\* SMALL ENTITY \*\***

|   |   |                            |                           |                                |
|---|---|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>UNITED KINGDOM | <b>SHEETS DRAWING</b><br>8 | <b>TOTAL CLAIMS</b><br>15 | <b>INDEPENDENT CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   |                            |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |   |                            |                           |                                |

**ADDRESS**

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**TITLE**

Conduit junction with internal earth

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>515 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                   |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
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